

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Republican Party of Arkansas

ADDRESS (number and street)

1201 West 6th Street

☐Check if different  
than previously  
reported. (ACC)

Little Rock

AR

72201

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00084954

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2006

through

02

28

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dennis Milligan

Signature of Treasurer

Electronically Filed by Dennis Milligan

Date

03

17

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Republican Party of Arkansas

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		92325.72
(b) Cash on Hand at Beginning of Reporting Period .....	100091.74	
(c) Total Receipts (from Line 19) .....	155698.40	207366.97
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	255790.14	299692.69
7. Total Disbursements (from Line 31) .....	76491.41	120393.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	179298.73	179298.73
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	38868.66	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Republican Party of Arkansas

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	96825.00	116825.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	40724.78	53295.46
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	137549.78	170120.46
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	1500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	137549.78	171620.46
12. Transfers From Affiliated/Other Party Committees .....	3600.00	7200.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	5098.32	6417.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	92.07	145.44
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	9358.23	21983.67
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	9358.23	21983.67
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	155698.40	207366.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	146340.17	185383.30

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	732.30	2960.34
(ii) Non-Federal Share.....	4149.70	16775.15
(b) Other Federal Operating Expenditures.....	33356.41	36759.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	38238.41	56495.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	38253.00	63898.92
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	38253.00	63898.92
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	76491.41	120393.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	72341.71	103618.81

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	137549.78	171620.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	137549.78	171620.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	34088.71	39719.89
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	5098.32	6417.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	28990.39	33302.49

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A.** Full Name (Last, First, Middle Initial)  
John Trimble  
Mailing Address 2316 N Calion Rd

City State Zip Code  
El Dorado AR 71730-3361

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 6 / 2 0 0 6

Transaction ID: 60313.C18972

Amount of Each Receipt this Period

1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Robert Murphy  
Mailing Address 200 N Jefferson Ave Ste 400

City State Zip Code  
El Dorado AR 71730-5854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Murphy Oil Corporation

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: 60313.C18762

Amount of Each Receipt this Period

25000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Martha Yocum  
Mailing Address 106 W Main St Ste 310

City State Zip Code  
El Dorado AR 71730-5636

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ALICE-SIDNEY OIL

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 1 / 2 0 0 6

Transaction ID: 60313.C18263

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

26250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

<b>A.</b> Full Name (Last, First, Middle Initial) Kermit Parks		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 6 / 2 0 0 6
Mailing Address 614 Champagnolle Rd		<b>Transaction ID:</b> 60313.C18979
City El Dorado	State AR	Zip Code 71730-4734
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00	Receipt

<b>B.</b> Full Name (Last, First, Middle Initial) John Lucas		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 6
Mailing Address 2310 Ridgewood Dr		<b>Transaction ID:</b> 60217.C18068
City El Dorado	State AR	Zip Code 71730-5251
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Dermatologist Aggregate Year-to-Date ▼ 3000.00	Receipt

<b>C.</b> Full Name (Last, First, Middle Initial) John Lucas		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 2310 Ridgewood Dr		<b>Transaction ID:</b> 60313.C18754
City El Dorado	State AR	Zip Code 71730-5251
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Dermatologist Aggregate Year-to-Date ▼ 5500.00	Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

<b>A.</b> Full Name (Last, First, Middle Initial) Ed Ligon		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 6
Mailing Address 25 Carmel Ln # 9070 # 9070		<b>Transaction ID:</b> 60313.C18320
City Little Rock	State AR	Zip Code 72212-4400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Receipt

<b>B.</b> Full Name (Last, First, Middle Initial) F Bellingrath		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 8905		<b>Transaction ID:</b> 60313.C18950
City Pine Bluff	State AR	Zip Code 71611-8905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Receipt

<b>C.</b> Full Name (Last, First, Middle Initial) Carl D Corley		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 2905 N 32nd St		<b>Transaction ID:</b> 60209.C17889
City Fort Smith	State AR	Zip Code 72904-4202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CARCO INTERNATIONAL	Occupation DEALER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

A. Full Name (Last, First, Middle Initial)

Ronald Bridges

Mailing Address 851 Rock Ledge Rd

City State Zip Code  
 Heber Springs AR 72543-7991

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 1 / 2 0 0 6

Transaction ID: 60209.C17887

Amount of Each Receipt this Period

1000.00

Receipt

B. Full Name (Last, First, Middle Initial)

A. John Kelly

Mailing Address PO Box 2854

City State Zip Code  
 Little Rock AR 72203-2854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 6 / 2 0 0 6

Transaction ID: 60313.C18977

Amount of Each Receipt this Period

1000.00

Receipt

C. Full Name (Last, First, Middle Initial)

William Seliskar

Mailing Address P.O. Box 1001

City State Zip Code  
 Morrilton AR 72110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cat Claws, Inc

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 5 / 2 0 0 6

Transaction ID: 60317.C19005

Amount of Each Receipt this Period

10000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

12000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

Full Name (Last, First, Middle Initial)

A. Jerry Mosley

Mailing Address 101A S Oak St

City

Sheridan

State

AR

Zip Code

72150-2436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mosley HoldingOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 0 6

Transaction ID: 60313.C18325

Amount of Each Receipt this Period

250.00

Receipt

Full Name (Last, First, Middle Initial)

B. Kevin A. Crass

Mailing Address 4521 Country Club Blvd

City

Little Rock

State

AR

Zip Code

72207-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employedOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 0 6

Transaction ID: 60313.C18976

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Fritz Kronberger

Mailing Address 8 Pine Forest Dr

City

Russellville

State

AR

Zip Code

72801-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Interclasts, Inc.Occupation  
Geophysicist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 0 6

Transaction ID: 60209.C17900

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A.** Full Name (Last, First, Middle Initial)

Fritz Kronberger

Mailing Address 8 Pine Forest Dr

City State Zip Code  
 Russellville AR 72801-4514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Interclasts, Inc.

Occupation  
Geophysicist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 1 4 / 2 0 0 6

Transaction ID: 60313.C18881

Amount of Each Receipt this Period

100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

Craig Campbell

Mailing Address 111 Center St

City State Zip Code  
 Little Rock AR 72201-4402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Stephens, Inc.

Occupation  
executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 3 / 2 0 0 6

Transaction ID: 60313.C18751

Amount of Each Receipt this Period

10000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)

Charles Banks

Mailing Address 100 Morgan Keegan Dr

City State Zip Code  
 Little Rock AR 72202-2286

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Armstrong & Banks

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 6 / 2 0 0 6

Transaction ID: 60313.C18973

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

Full Name (Last, First, Middle Initial)

A. Betty Ann Sample

Mailing Address 2340 N Highway 7

City

Hot Springs Villag

State

AR

Zip Code

71909-9694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 0 6

Transaction ID: 60209.C17894

Amount of Each Receipt this Period

125.00

Receipt

Full Name (Last, First, Middle Initial)

B. Betty Ann Sample

Mailing Address 2340 N Highway 7

City

Hot Springs Villag

State

AR

Zip Code

71909-9694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 0 6

Transaction ID: 60209.C17895

Amount of Each Receipt this Period

125.00

Receipt

Full Name (Last, First, Middle Initial)

C. John A. Kincannon

Mailing Address 200 Bay Pointe Cv # A-101  
#A-101

City

Maumelle

State

AR

Zip Code

72113-6297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Builder

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 0 6

Transaction ID: 60209.C17861

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

5250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A.** Full Name (Last, First, Middle Initial)

Larry Hellums

Mailing Address PO Box 7

City State Zip Code  
 Blytheville AR 72316-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MS County Electric Cooper-  
ative

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 3 / 2 0 0 6

Transaction ID: 60313.C18574

Amount of Each Receipt this Period

500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

Charles Mazander

Mailing Address PO Box 945

City State Zip Code  
 Benton AR 72018-0945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mazander Engineering

Occupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 6 / 2 0 0 6

Transaction ID: 60313.C18975

Amount of Each Receipt this Period

1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)

William T Henry Sr

Mailing Address 4 Cherry Creek Cv

City State Zip Code  
 Little Rock AR 72212-2005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 3 / 2 0 0 6

Transaction ID: 60313.C18684

Amount of Each Receipt this Period

400.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A.** Full Name (Last, First, Middle Initial)

Richard E Bell

Mailing Address 2019 Beumer St

City State Zip Code  
 Stuttgart AR 72160-6421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Riceland Foods

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 6 / 2 0 0 6

Transaction ID: 60313.C18971

Amount of Each Receipt this Period

5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

Ben M Elrod

Mailing Address 1008 Village Dr

City State Zip Code  
 Arkadelphia AR 71923-2922

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 5 / 2 0 0 6

Transaction ID: 60313.C18328

Amount of Each Receipt this Period

150.00

Receipt

**C.** Full Name (Last, First, Middle Initial)

Ben M Elrod

Mailing Address 1008 Village Dr

City State Zip Code  
 Arkadelphia AR 71923-2922

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 3 / 2 0 0 6

Transaction ID: 60313.C18613

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

<b>A.</b> Full Name (Last, First, Middle Initial) Roberta Lucas		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 2310 Ridgewood Dr		<b>Transaction ID:</b> 60313.C18755
City El Dorado	State AR	Zip Code 71730-5251
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Dr. John J. Lucas	Occupation Office Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Receipt

<b>B.</b> Full Name (Last, First, Middle Initial) Katheryn Jean		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 6
Mailing Address 1022 Lawton Cir		<b>Transaction ID:</b> 60214.C17920
City Magnolia	State AR	Zip Code 71753-2547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Receipt

<b>C.</b> Full Name (Last, First, Middle Initial) Scott T. Ford		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 22311 Highway 10		<b>Transaction ID:</b> 60313.C18753
City Little Rock	State AR	Zip Code 72223-4449
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Alltel	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

7525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A.** Full Name (Last, First, Middle Initial)  
 Jonann Coniglio Chiles  
 Mailing Address 5817 Stonewall Rd

City State Zip Code  
 Little Rock AR 72207-4325

FEC ID number of contributing federal political committee.

C

Name of Employer  
Friday, Eldredge & ClarkOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 60313.C18868

Amount of Each Receipt this Period

1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
 Weir Beckon  
 Mailing Address 101 Industrial St

City State Zip Code  
 Marked Tree AR 72365-2403

FEC ID number of contributing federal political committee.

C

Name of Employer  
ENVIRONMENTAL FILTER INCOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 5 / 2 0 0 6

Transaction ID: 60313.C18329

Amount of Each Receipt this Period

300.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
 James K Marshall  
 Mailing Address 2031 Campbell Ln

City State Zip Code  
 Tuckerman AR 72473-9089

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 1 1 / 2 0 0 6

Transaction ID: 60313.C18271

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

<b>A.</b> Full Name (Last, First, Middle Initial) Danny Snowden		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 19 Shelia Dr		<b>Transaction ID:</b> 60313.C18310
City Greenbrier	State AR	Zip Code 72058-9337
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer Self-employed	Occupation Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Receipt

<b>B.</b> Full Name (Last, First, Middle Initial) Rick Massey		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 4610 Crestwood Dr		<b>Transaction ID:</b> 60313.C18752
City Little Rock	State AR	Zip Code 72207-5434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Stephens, Inc.	Occupation Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

<b>C.</b> Full Name (Last, First, Middle Initial) Joe T Hays		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 6 / 2 0 0 6
Mailing Address 8 Menden Ln		<b>Transaction ID:</b> 60313.C18974
City Little Rock	State AR	Zip Code 72223-9287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer AR CAPITAL CORP	Occupation Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Receipt

SUBTOTAL of Receipts This Page (optional) .....

16000.00

TOTAL This Period (last page this line number only) .....

96825.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 53

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A.**

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 1st St SE

City

Washington

State

DC

Zip Code

20003-1885

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

7200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 6 / 2 0 0 6

Transaction ID: 60313.C18334

Amount of Each Receipt this Period

3600.00

Transfers From Affil./Aut-  
h.

SUBTOTAL of Receipts This Page (optional) .....

3600.00

TOTAL This Period (last page this line number only) .....

3600.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 53

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A.** Full Name (Last, First, Middle Initial)  
Delta Trust & Bank

Mailing Address 16600 Chenal Pkwy

City	State	Zip Code
Little Rock	AR	72223-5929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5098.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	0	6

Transaction ID: 60317.C19216

Amount of Each Receipt this Period

5098.32

Offsets to Operating Expe-  
nditu

SUBTOTAL of Receipts This Page (optional) .....

5098.32

TOTAL This Period (last page this line number only) .....

5098.32

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 53

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Arkansas

<b>A.</b> Full Name (Last, First, Middle Initial) Gilbert Baker		<b>Transaction ID:</b> 60313.E2152 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 3 / 2 0 0 6</div> </div>	
Mailing Address 17 Cooper Ln			
City Conway	State AR	Zip Code 72034-7935	Amount of Each Disbursement this Period <div>93.80</div>
Purpose of Disbursement TRAVEL EXPENSE		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TRAVEL EXPENSE

  

<b>B.</b> Full Name (Last, First, Middle Initial) Olsen & Shuvalov		<b>Transaction ID:</b> 60313.E2143 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 6</div> </div>	
Mailing Address 1609 Shoal Creek Blvd 203			
City Austin	State TX	Zip Code 78701-1054	Amount of Each Disbursement this Period <div>15508.68</div>
Purpose of Disbursement PARTY FUNDRAISING MAILPIECE		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PARTY FUNDRAISING MAILPIECE

  

<b>C.</b> Full Name (Last, First, Middle Initial) Delta Trust & Bank		<b>Transaction ID:</b> 60313.E2178 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 0 6</div> </div>	
Mailing Address 16600 Chenal Pkwy			
City Little Rock	State AR	Zip Code 72223-5929	Amount of Each Disbursement this Period <div>56.45</div>
Purpose of Disbursement CREDIT CARD FEES		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CREDIT CARD FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

**15658.93**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Arkansas

Full Name (Last, First, Middle Initial)

**A.** Ralph T Hudson

Mailing Address 2004 Camino Real

City  
Springdale

State  
AR

Zip Code  
72762-2122

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60313.E2167

Date of Disbursement

/   /

Amount of Each Disbursement this Period

142.60

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)

**B.** USPS

Mailing Address 400 W Capitol Ave

City  
Little Rock

State  
AR

Zip Code  
72201-3436

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60313.E2166

Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.00

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

**C.** Ralph T Hudson

Mailing Address 2004 Camino Real

City  
Springdale

State  
AR

Zip Code  
72762-2122

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60313.E2168

Date of Disbursement

/   /

Amount of Each Disbursement this Period

103.60

[MEMO ITEM]

MEMO: MILEAGE REIMBURSEMENT

**SUBTOTAL** of Disbursements This Page (optional) .....

142.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Arkansas

<b>A.</b> Full Name (Last, First, Middle Initial) Brandon P Vidrine		<b>Transaction ID:</b> 60313.E2172 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 1005 W 6th St		Amount of Each Disbursement this Period <div>176.10</div>
City Little Rock      State AR      Zip Code 72201-3001		
Purpose of Disbursement TRAVEL EXPENSE	<div>Category/Type</div>	
Candidate Name	TRAVEL EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Alltel		<b>Transaction ID:</b> 60313.E2142 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 6</div> </div>
Mailing Address PO Box 9001908		Amount of Each Disbursement this Period <div>666.42</div>
City Louisville      State KY      Zip Code 40290-1908		
Purpose of Disbursement TELEPHONE	<div>Category/Type</div>	
Candidate Name	TELEPHONE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Company		<b>Transaction ID:</b> 60313.E2176 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 1 / 2 0 0 6</div> </div>
Mailing Address PO Box 2878		Amount of Each Disbursement this Period <div>289.31</div>
City Omaha      State NE      Zip Code 68103-		
Purpose of Disbursement CREDIT CARD FEES	<div>Category/Type</div>	
Candidate Name	CREDIT CARD FEES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**1131.83**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Arkansas

<b>A.</b> Full Name (Last, First, Middle Initial) Gilbert Baker		<b>Transaction ID:</b> 60313.E2169 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 6</div> </div>	
Mailing Address 17 Cooper Ln		<b>Amount of Each Disbursement this Period</b> <div>126.60</div>	
City Conway State AR Zip Code 72034-7935	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	<div>Category/Type</div>	<b>REIMBURSEMENT: SEE BELOW</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Cingular Wireless		<b>Transaction ID:</b> 60313.E2171 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 6</div> </div>	
Mailing Address PO Box 650553		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>	
City Dallas State TX Zip Code 75265-0553	Purpose of Disbursement TELEPHONE Candidate Name	<div>Category/Type</div>	<b>[MEMO ITEM]</b> MEMO: TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Gilbert Baker		<b>Transaction ID:</b> 60313.E2170 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 6</div> </div>	
Mailing Address 17 Cooper Ln		<b>Amount of Each Disbursement this Period</b> <div>26.60</div>	
City Conway State AR Zip Code 72034-7935	Purpose of Disbursement TRAVEL Candidate Name	<div>Category/Type</div>	<b>[MEMO ITEM]</b> MEMO: TRAVEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

126.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Arkansas

Full Name (Last, First, Middle Initial)

## **A. Strategic Telecommunications**

Mailing Address 2402 University Ave W Ste 600  
Suite 600

City Saint Paul State MN Zip Code 55114-1745

Purpose of Disbursement  
PARTY FUNDRAISING TELEMARTETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60313.E2153

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7398.00

PARTY FUNDRAISING TELEMAR-  
KETING

Full Name (Last, First, Middle Initial)

## **B. The Peabody Hotel**

Mailing Address 3 Statehouse Plz

City Little Rock State AR Zip Code 72201-1412

Purpose of Disbursement  
PARTY FUNDRAISING EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60313.E2136

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1640.00

PARTY FUNDRAISING EVENT

Full Name (Last, First, Middle Initial)

## **C. Philander Smith College**

Mailing Address 1 Trudie Kibbe Reed Dr

City Little Rock State AR Zip Code 72202-3769

Purpose of Disbursement  
SPONSERSHIP

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60313.E2127

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

SPONSERSHIP

**SUBTOTAL** of Disbursements This Page (optional) .....

10038.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Arkansas

A. Full Name (Last, First, Middle Initial)  
C Dale Stuart Jr CPA

Mailing Address PO Box 998

City Rogers State AR Zip Code 72757-0998

Purpose of Disbursement  
ACCOUNTING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60313.E2132

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6127.72

ACCOUNTING FEES

SUBTOTAL of Disbursements This Page (optional) .....

6127.72

TOTAL This Period (last page this line number only) .....

33225.68

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Arkansas

<b>A.</b> Full Name (Last, First, Middle Initial) Ralph T Hudson		<b>Transaction ID:</b> 60313.E2121 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	4		2	0	0	6														
Mailing Address 2004 Camino Real		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1486.72</td> </tr> </table>		1486.72																			
1486.72																							
City Springdale State AR Zip Code 72762-2122	Purpose of Disbursement SALARIES Candidate Name	<input type="checkbox"/> Category/ Type	SALARIES																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
<b>B.</b> Full Name (Last, First, Middle Initial) Olympia		<b>Transaction ID:</b> 60313.E2173 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	3		2	0	0	6														
Mailing Address 2215 E Oak St Ste 1 Ste. 1		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">2320.00</td> </tr> </table>		2320.00																			
2320.00																							
City Conway State AR Zip Code 72032-4644	Purpose of Disbursement VOTER IDENTIFICATION Candidate Name	<input type="checkbox"/> Category/ Type	VOTER IDENTIFICATION																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
<b>C.</b> Full Name (Last, First, Middle Initial) Jonathan Gilmore		<b>Transaction ID:</b> 60313.E2116 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	3		2	0	0	6														
Mailing Address 27405 Jess Morgan Rd		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">984.04</td> </tr> </table>		984.04																			
984.04																							
City Roland State AR Zip Code 72135-9014	Purpose of Disbursement SALARIES Candidate Name	<input type="checkbox"/> Category/ Type	SALARIES																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

**SUBTOTAL** of Disbursements This Page (optional) .....

4790.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 53

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
 Republican Party of Arkansas

<b>A.</b> Full Name (Last, First, Middle Initial) Staci R Cates		<b>Transaction ID:</b> 60313.E2119 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 6</div> </div>
Mailing Address 5701 E Roosevelt Rd		Amount of Each Disbursement this Period <div>848.50</div>
City Little Rock State AR Zip Code 72206-2656	Category/ Type	
Purpose of Disbursement SALARIES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARIES
<b>B.</b> Full Name (Last, First, Middle Initial) Kerry J Baldwin		<b>Transaction ID:</b> 60313.E2113 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 6</div> </div>
Mailing Address 37 Ridgcrest Dr		Amount of Each Disbursement this Period <div>1191.14</div>
City Cabot State AR Zip Code 72023-9329	Category/ Type	
Purpose of Disbursement SALARIES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARIES
<b>C.</b> Full Name (Last, First, Middle Initial) Gilbert Baker		<b>Transaction ID:</b> 60313.E2107 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 6</div> </div>
Mailing Address 17 Cooper Ln		Amount of Each Disbursement this Period <div>2644.67</div>
City Conway State AR Zip Code 72034-7935	Category/ Type	
Purpose of Disbursement SALARIES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARIES

**SUBTOTAL** of Disbursements This Page (optional) .....

**4684.31**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Arkansas

<b>A.</b> Full Name (Last, First, Middle Initial) Ralph T Hudson		<b>Transaction ID:</b> 60313.E2120 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	4		2	0	0	6													
Mailing Address 2004 Camino Real		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1486.72</td> </tr> </table>	1486.72																			
1486.72																						
City Springdale State AR Zip Code 72762-2122																						
Purpose of Disbursement SALARIES	<input type="text"/>																					
Candidate Name	Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARIES																				
<b>B.</b> Full Name (Last, First, Middle Initial) Jonathan Gilmore		<b>Transaction ID:</b> 60313.E2117 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	4		2	0	0	6													
Mailing Address 27405 Jess Morgan Rd		Amount of Each Disbursement this Period <table border="1"> <tr> <td>984.04</td> </tr> </table>	984.04																			
984.04																						
City Roland State AR Zip Code 72135-9014																						
Purpose of Disbursement SALARIES	<input type="text"/>																					
Candidate Name	Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARIES																				
<b>C.</b> Full Name (Last, First, Middle Initial) Forrs Key punching Service		<b>Transaction ID:</b> 60313.E2154 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	3		2	0	0	6													
Mailing Address PO Box 201		Amount of Each Disbursement this Period <table border="1"> <tr> <td>266.98</td> </tr> </table>	266.98																			
266.98																						
City Milford Square State PA Zip Code 18935-0201																						
Purpose of Disbursement VOTER REGISTRATION EXPENSE	<input type="text"/>																					
Candidate Name	Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	VOTER REGISTRATION EXPENSE																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2737.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 53

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Arkansas

Full Name (Last, First, Middle Initial)

**A.** Kerry J Baldwin

Mailing Address 37 Ridgecrest Dr

City Cabot State AR Zip Code 72023-9329

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60313.E2125

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)

**B.** Arkansas Bluecross Blue Shield

Mailing Address PO Box 2181

City Little Rock State AR Zip Code 72203-2181

Purpose of Disbursement  
HEALTH INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60313.E2123

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

MEMO: HEALTH INSURANCE

Full Name (Last, First, Middle Initial)

**C.** Clinton H Reed

Mailing Address 133 Donna Kay Dr

City Greenbrier State AR Zip Code 72058-9574

Purpose of Disbursement  
SALARIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60313.E2108

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1893.71

SALARIES

**SUBTOTAL** of Disbursements This Page (optional) .....

2093.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Arkansas

Full Name (Last, First, Middle Initial)

**A. AR Department of Finance & Administra**

Mailing Address PO Box 9941

City Little Rock State AR Zip Code 72203-9941

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60313.E2156

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

1196.41

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

**B. AR Department of Finance & Administra**

Mailing Address PO Box 9941

City Little Rock State AR Zip Code 72203-9941

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60313.E2138

Date of Disbursement

02 / 13 / 2006

Amount of Each Disbursement this Period

1195.26

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

**C. Jennifer L Crawley**

Mailing Address 11618 Huron Ln

City Little Rock State AR Zip Code 72211-1834

Purpose of Disbursement  
SALARIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60313.E2111

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

1157.68

SALARIES

**SUBTOTAL** of Disbursements This Page (optional) .....

3549.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Arkansas

<b>A.</b> Full Name (Last, First, Middle Initial) Kerry J Baldwin		<b>Transaction ID:</b> 60313.E2112 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 37 Ridgecrest Dr		Amount of Each Disbursement this Period <div>1191.14</div>
City Cabot State AR Zip Code 72023-9329		
Purpose of Disbursement SALARIES	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARIES
<b>B.</b> Full Name (Last, First, Middle Initial) Brandon P Vidrine		<b>Transaction ID:</b> 60313.E2114 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 1005 W 6th St		Amount of Each Disbursement this Period <div>1094.36</div>
City Little Rock State AR Zip Code 72201-3001		
Purpose of Disbursement SALARIES	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARIES
<b>C.</b> Full Name (Last, First, Middle Initial) Brandon P Vidrine		<b>Transaction ID:</b> 60313.E2115 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 6</div> </div>
Mailing Address 1005 W 6th St		Amount of Each Disbursement this Period <div>1094.36</div>
City Little Rock State AR Zip Code 72201-3001		
Purpose of Disbursement SALARIES	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARIES

**SUBTOTAL** of Disbursements This Page (optional) .....

**3379.86**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Arkansas

<b>A.</b> Full Name (Last, First, Middle Initial) Staci R Cates		<b>Transaction ID:</b> 60313.E2118 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 4 / 2 0 0 6</div> </div>	
Mailing Address 5701 E Roosevelt Rd		<b>Amount of Each Disbursement this Period</b> <div>848.50</div>	
City Little Rock State AR Zip Code 72206-2656	Purpose of Disbursement SALARIES Candidate Name	<input type="checkbox"/> Category/ Type	<b>SALARIES</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Delta Trust & Bank		<b>Transaction ID:</b> 60313.E2157 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 6</div> </div>	
Mailing Address 16600 Chenal Pkwy		<b>Amount of Each Disbursement this Period</b> <div>5947.46</div>	
City Little Rock State AR Zip Code 72223-5929	Purpose of Disbursement PAYROLL TAXES Candidate Name	<input type="checkbox"/> Category/ Type	<b>PAYROLL TAXES</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Jennifer L Crawley		<b>Transaction ID:</b> 60313.E2124 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 7 / 2 0 0 6</div> </div>	
Mailing Address 11618 Huron Ln		<b>Amount of Each Disbursement this Period</b> <div>124.52</div>	
City Little Rock State AR Zip Code 72211-1834	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	<input type="checkbox"/> Category/ Type	<b>REIMBURSEMENT: SEE BELOW</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

**6920.48**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Arkansas

<b>A.</b> Full Name (Last, First, Middle Initial) Arkansas Bluecross Blue Shield		<b>Transaction ID:</b> 60313.E2122 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	7		2	0	0	6													
Mailing Address PO Box 2181		Amount of Each Disbursement this Period <table border="1"> <tr> <td>124.52</td> </tr> </table>	124.52																			
124.52																						
City Little Rock      State AR      Zip Code 72203-2181																						
Purpose of Disbursement HEALTH INSURANCE	<input type="checkbox"/> Category/ Type																					
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:              District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: HEALTH INSURANCE																				
<b>B.</b> Full Name (Last, First, Middle Initial) Jennifer L Crawley		<b>Transaction ID:</b> 60313.E2110 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	3		2	0	0	6													
Mailing Address 11618 Huron Ln		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1157.68</td> </tr> </table>	1157.68																			
1157.68																						
City Little Rock      State AR      Zip Code 72211-1834																						
Purpose of Disbursement SALARIES	<input type="checkbox"/> Category/ Type																					
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:              District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARIES																				
<b>C.</b> Full Name (Last, First, Middle Initial) Inter- Media Marketing, Inc.		<b>Transaction ID:</b> 60313.E2144 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	3		2	0	0	6													
Mailing Address 11920 Teton Forest Dr		Amount of Each Disbursement this Period <table border="1"> <tr> <td>675.00</td> </tr> </table>	675.00																			
675.00																						
City Little Rock      State AR      Zip Code 72212-2334																						
Purpose of Disbursement VOTER REGISTRATION EXPENSE	<input type="checkbox"/> Category/ Type																					
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:              District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	VOTER REGISTRATION EXPENSE																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1832.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Arkansas

Full Name (Last, First, Middle Initial)

## **A. Delta Trust & Bank**

Mailing Address 16600 Chenal Pkwy

City Little Rock State AR Zip Code 72223-5929

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60313.E2137

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2006

Amount of Each Disbursement this Period

6364.15

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

## **B. Clinton H Reed**

Mailing Address 133 Donna Kay Dr

City Greenbrier State AR Zip Code 72058-9574

Purpose of Disbursement  
SALARIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60313.E2109

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2006

Amount of Each Disbursement this Period

1893.71

SALARIES

**SUBTOTAL** of Disbursements This Page (optional) .....

8257.86

**TOTAL** This Period (last page this line number only) .....

38246.75

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 35 / 53

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EntergyNature of Debt (Purpose):  
UTILITIES

Mailing Address PO Box 61830

City State ZIP Code  
New Orleans LA 70161-1830

Outstanding Balance Beginning This Period

200.79

Transaction ID: LS50217.E1271

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.79

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Embassy Suites- LRNature of Debt (Purpose):  
ROOM RENTAL

Mailing Address 11301 Financial Centre Pkwy

City State ZIP Code  
Little Rock AR 72211-3735

Outstanding Balance Beginning This Period

438.00

Transaction ID: LS50217.E1269

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

438.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Copy SystemsNature of Debt (Purpose):  
PRINTING

Mailing Address 721 W 9th St

City State ZIP Code  
Little Rock AR 72201-4019

Outstanding Balance Beginning This Period

63.00

Transaction ID: LS50217.E1268

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

63.00

**1) SUBTOTALS** This Period This Page (optional).....

701.79

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 36 / 53

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BFINature of Debt (Purpose):  
TRASH REMOVAL

Mailing Address PO Box 9001206

City State ZIP Code  
Louisville KY 40290-1206

Outstanding Balance Beginning This Period

16.00

Transaction ID: LS50217.E1264

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BFINature of Debt (Purpose):  
TRASH REMOVAL

Mailing Address PO Box 9001206

City State ZIP Code  
Louisville KY 40290-1206

Outstanding Balance Beginning This Period

247.89

Transaction ID: LS50217.E1265

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

247.89

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Comcast CablevisionNature of Debt (Purpose):  
UTILITIES- CABLE

Mailing Address PO Box 105184

City State ZIP Code  
Atlanta GA 30348-5184

Outstanding Balance Beginning This Period

173.23

Transaction ID: LS50217.E1266

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

173.23

**1) SUBTOTALS** This Period This Page (optional).....

437.12

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 37 / 53

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Comcast CablevisionNature of Debt (Purpose):  
UTILITIES- CABLE

Mailing Address PO Box 105184

City State ZIP Code  
Atlanta GA 30348-5184

Outstanding Balance Beginning This Period

113.72

Transaction ID: LS50217.E1267

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

113.72

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Arent Fox Attorneys at LawNature of Debt (Purpose):  
LEGAL SERVICES FOR FEC AU-  
DIT

Mailing Address 1050 Connecticut Ave NW

City State ZIP Code  
Washington DC 20036-5303

Outstanding Balance Beginning This Period

3136.90

Transaction ID: LS50217.E1263

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3136.90

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Feather Larson & SynhorstNature of Debt (Purpose):  
TELEMARKETING

Mailing Address 570 Asbury St Ste 201

City State ZIP Code  
Saint Paul MN 55104-1850

Outstanding Balance Beginning This Period

22428.90

Transaction ID: LS50217.E1270

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22428.90

**1) SUBTOTALS** This Period This Page (optional).....

25679.52

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 38 / 53

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Heavenly HamNature of Debt (Purpose):  
MEALS

Mailing Address 11121 N Rodney Parham Rd

City State ZIP Code  
Little Rock AR 72212-4183

Outstanding Balance Beginning This Period

85.96

Transaction ID: LS50217.E1272

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

85.96

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PC AssistanceNature of Debt (Purpose):  
COMPUTER NETWORKING

Mailing Address 3200 S Shackleford Rd Ste 9

City State ZIP Code  
Little Rock AR 72205-6936

Outstanding Balance Beginning This Period

1884.60

Transaction ID: LS50217.E1273

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1884.60

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Spaulding GroupNature of Debt (Purpose):  
BUMPER STICKERS

Mailing Address 2308 Frankfort Ave

City State ZIP Code  
Louisville KY 40206-2410

Outstanding Balance Beginning This Period

691.68

Transaction ID: LS50217.E1274

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

691.68

**1) SUBTOTALS** This Period This Page (optional).....

2662.24

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 39 / 53

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Steve Brown Direct MailNature of Debt (Purpose):  
DIRECT MAIL SPECIAL APPEAL

Mailing Address 2055 Thomasville Rd # B303

City State ZIP Code  
Tallahassee FL 32308-0763

Outstanding Balance Beginning This Period

8324.07

Transaction ID: LS50217.E1275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8324.07

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
T.L.A .EnterprisesNature of Debt (Purpose):  
LAWN SERVICE

Mailing Address 701 Anders Ln

City State ZIP Code  
Little Rock AR 72206-6203

Outstanding Balance Beginning This Period

91.09

Transaction ID: LS50217.E1276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

91.09

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Targeted Creative CommunicationsNature of Debt (Purpose):  
ISSUE ADVOCACY MEDIA

Mailing Address 1000 Duke St

City State ZIP Code  
Alexandria VA 22314-3512

Outstanding Balance Beginning This Period

0.83

Transaction ID: LS50217.E1277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.83

**1) SUBTOTALS** This Period This Page (optional).....

8415.99

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 40 / 53

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Tarrance GroupNature of Debt (Purpose):  
SURVEY OF VOTER ATTITUDES

Mailing Address 201 N Union St Ste 410

City State ZIP Code  
Alexandria VA 22314-2649

Outstanding Balance Beginning This Period

972.00

Transaction ID: LS50217.E1278

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

972.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

972.00

2) **TOTALS** This Period (last page this line number only)..... ▶

38868.66

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶



**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 41 / 53  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

NAME OF ACCOUNT

Republican Party  
 1201 W 6th St

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 2 / 0 7 / 2 0 0 6

TOTAL AMOUNT TRANSFERRED

7417.02

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

7417.02

Transaction ID: H360313.C18980

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 42 / 53  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

NAME OF ACCOUNT

Republican Party  
 1201 W 6th St

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 2 / 1 3 / 2 0 0 6

TOTAL AMOUNT TRANSFERRED

302.23

**BREAKDOWN OF TRANSFER RECEIVED**

i) **Total Administrative** .....

302.23

Transaction ID: H360313.C18981

ii) **Generic Voter Drive** .....

Transaction ID:

iii) **Exempt Activities** .....

Transaction ID:

iv) **Direct Fundraising** (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) **Direct Candidate Support** (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) **Public Communications Referring Only to Party** (Made by PAC)

Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

**TOTAL** This Period (Administrative) .....

**TOTAL** This Period (Generic Voter Drive) .....

**TOTAL** This Period (Exempt Activities) .....

**TOTAL** This Period (Direct Fundraising) .....

**TOTAL** This Period (Direct Candidate Support) .....

**TOTAL** This Period (Public Communications Referring Only to Party) .....

**TOTAL** This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 43 / 53  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

NAME OF ACCOUNT

Republican Party  
 1201 W 6th St

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 2 / 2 3 / 2 0 0 6

TOTAL AMOUNT TRANSFERRED

1638.98

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

1638.98

Transaction ID: H360313.C18982

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

9358.23

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred) .....

9358.23

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 44 / 53  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A. Full Name (Last, First, Middle Initial)**  
 Alltel

Mailing Address

PO Box 9001908

City	State	Zip Code
Louisville	KY	40290-1908

Purpose of Disbursement:  
 TELEPHONE

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

15888.24

Date 

M	M
0	2

 / 

D	D
0	7

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H460313.E2130

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
155.21		879.54		1034.75

**B. Full Name (Last, First, Middle Initial)**  
 Entergy

Mailing Address

PO Box 61830

City	State	Zip Code
New Orleans	LA	70161-1830

Purpose of Disbursement:  
 UTILITIES

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

16153.42

Date 

M	M
0	2

 / 

D	D
0	7

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H460313.E2131

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
39.78		225.40		265.18

**C. Full Name (Last, First, Middle Initial)**  
 De Lage Landen Financial Services

Mailing Address

PO Box 41601

City	State	Zip Code
Philadelphia	PA	19101-1601

Purpose of Disbursement:  
 EQUIPMENT LEASING

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

16433.28

Date 

M	M
0	2

 / 

D	D
0	7

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H460313.E2129

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
41.98		237.88		279.86

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
236.97		1342.82		1579.79

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 45 / 53  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A. Full Name (Last, First, Middle Initial)**  
Toshiba America Inc

Mailing Address

PO Box 740441

City	State	Zip Code
Atlanta	GA	30374-0441

Purpose of Disbursement:  
EQUIPMENT LEASINGCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

16686.41

Date 02 / 07 / 2006

Transaction ID: H460313.E2128

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.97		215.16		253.13

**B. Full Name (Last, First, Middle Initial)**  
Imagistics International

Mailing Address

PO Box 11407

City	State	Zip Code
Birmingham	AL	35246-0100

Purpose of Disbursement:  
OFFICE SUPPLIESCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

16729.41

Date 02 / 07 / 2006

Transaction ID: H460313.E2133

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.45		36.55		43.00

**C. Full Name (Last, First, Middle Initial)**  
Ralph T Hudson

Mailing Address

2004 Camino Real

City	State	Zip Code
Springdale	AR	72762-2122

Purpose of Disbursement:  
REIMBURSEMENT: SEE BELOWCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

17209.87

Date 02 / 07 / 2006

Transaction ID: H460313.E2158

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
72.07		408.39		480.46

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
116.49		660.10		776.59

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 46 / 53  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A. Full Name (Last, First, Middle Initial)**  
Hacker Lawn Care

Mailing Address

24220 Mashburn Trl

City	State	Zip Code
Little Rock	AR	72210-5448

Purpose of Disbursement:  
LAWN MAINTENANCECategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

17424.87

Date 02 / 07 / 2006

Transaction ID: H460313.E2134

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

32.25

182.75

215.00

**B. Full Name (Last, First, Middle Initial)**  
Metropolitan Fire Extingisher

Mailing Address

5120 W 26TH ST

City	State	Zip Code
Little Rock	AR	72209-

Purpose of Disbursement:  
MAINTENANCECategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

17451.69

Date 02 / 07 / 2006

Transaction ID: H460313.E2135

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

4.02

22.80

26.82

**C. Full Name (Last, First, Middle Initial)**  
Centerpoint Energy ARKLA

Mailing Address

PO Box 4583

City	State	Zip Code
Houston	TX	77210-4583

Purpose of Disbursement:  
UTILITIESCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

17662.62

Date 02 / 13 / 2006

Transaction ID: H460313.E2140

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

31.64

179.29

210.93

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

67.91

384.84

452.75

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 47 / 53

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A. Full Name (Last, First, Middle Initial)**  
Utility Billing Service

Mailing Address  
PO Box 8100

City State Zip Code  
Little Rock AR 72203-8100

Purpose of Disbursement:  
UTILITIES
Category/  
Type
Activity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

17691.21

Date M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 6

Transaction ID: H460313.E2139

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

4.29

24.30

28.59

**B. Full Name (Last, First, Middle Initial)**  
Allied Waste Services #858

Mailing Address  
MPO Box 9001206

City State Zip Code  
Louisville KY 40290-1206

Purpose of Disbursement:  
UTILITIES
Category/  
Type
Activity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

17807.27

Date M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 6

Transaction ID: H460313.E2141

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

17.41

98.65

116.06

**C. Full Name (Last, First, Middle Initial)**  
Office Depot

Mailing Address  
PO Box 9020

City State Zip Code  
Des Moines IA 50368-9020

Purpose of Disbursement:  
OFFICE SUPPLIES
Category/  
Type
Activity or Event Identifier:  
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

19278.08

Date M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: H460313.E2145

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

220.62

1250.19

1470.81

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

242.32

1373.14

1615.46

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 48 / 53

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A. Full Name (Last, First, Middle Initial)**  
 Comcast Cablevision

Mailing Address

PO Box 105184

City	State	Zip Code
Atlanta	GA	30348-5184

Purpose of Disbursement:  
 UTILITIES

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

19349.36

Date 

M	M
0	2

 / 

D	D
2	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H460313.E2147

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

10.69

60.59

71.28

**B. Full Name (Last, First, Middle Initial)**  
 Ladco Leasing

Mailing Address

555 Saint Charles Dr Ste 200

City	State	Zip Code
Thousand Oaks	CA	91360-3985

Purpose of Disbursement:  
 EQUIPMENT LEASING

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

19419.54

Date 

M	M
0	2

 / 

D	D
2	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H460313.E2146

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

10.53

59.65

70.18

**C. Full Name (Last, First, Middle Initial)**  
 Lexis Nexis

Mailing Address

PO Box 72427090

City	State	Zip Code
Philadelphia	PA	19170-0001

Purpose of Disbursement:  
 ONLINE USAGE FEES

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

19619.54

Date 

M	M
0	2

 / 

D	D
2	3

 / 

Y	Y	Y	Y
2	0	0	6

Transaction ID: H460313.E2148

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

30.00

170.00

200.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

51.22

290.24

341.46

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 49 / 53

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A. Full Name (Last, First, Middle Initial)**

Metropolitan Fire Extingisher

Mailing Address

5120 W 26TH ST

City

State

Zip Code

Little Rock

AR

72209-

Purpose of Disbursement:

MAINTENANCE

Category/  
Type

Activity or Event Identifier:

ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

19646.36

Date

M M / D D / Y Y Y Y

0 2 / 2 3 / 2 0 0 6

Transaction ID: H460313.E2149

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

4.02

22.80

26.82

**B. Full Name (Last, First, Middle Initial)**

AA Affiliated Assurance &amp; Guaranty

Mailing Address

PO Box 1085

City

State

Zip Code

Little Rock

AR

72203-1085

Purpose of Disbursement:

OFFICE SUPPLIES

Category/  
Type

Activity or Event Identifier:

ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

19676.36

Date

M M / D D / Y Y Y Y

0 2 / 2 3 / 2 0 0 6

Transaction ID: H460313.E2150

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

4.50

25.50

30.00

**C. Full Name (Last, First, Middle Initial)**

Adam Pest Control

Mailing Address

12324 STAGE RD

City

State

Zip Code

Little Rock

AR

72210-

Purpose of Disbursement:

MAINTENANCE

Category/  
Type

Activity or Event Identifier:

ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

19735.49

Date

M M / D D / Y Y Y Y

0 2 / 2 3 / 2 0 0 6

Transaction ID: H460313.E2151

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8.87

50.26

59.13

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

17.39

98.56

115.95

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 50 / 53  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A. Full Name (Last, First, Middle Initial)**  
 Office Depot

Mailing Address  
 PO Box 9020

City State Zip Code  
 Des Moines IA 50368-9020

Purpose of Disbursement:  
 OFFICE SUPPLIES

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 4  
 [MEMO ITEM] OFFICE SUPPLIES

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

111.29

Date M M / D D / Y Y Y Y  
 0 2 / 0 7 / 2 0 0 6

Transaction ID: H460313.E2160

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

16.69

94.60

111.29

**B. Full Name (Last, First, Middle Initial)**  
 Cingular Wireless

Mailing Address  
 PO Box 650553

City State Zip Code  
 Dallas TX 75265-0553

Purpose of Disbursement:  
 TELEPHONE

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 4  
 [MEMO ITEM] TELEPHONE

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

59.92

Date M M / D D / Y Y Y Y  
 0 2 / 0 7 / 2 0 0 6

Transaction ID: H460313.E2165

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8.99

50.93

59.92

**C. Full Name (Last, First, Middle Initial)**  
 Fedex Kinkos

Mailing Address  
 101 S Shackleford Rd

City State Zip Code  
 Little Rock AR 72211-5722

Purpose of Disbursement:  
 OFFICE SUPPLIES

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 4  
 [MEMO ITEM] OFFICE SUPPLIES

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

8.72

Date M M / D D / Y Y Y Y  
 0 2 / 0 7 / 2 0 0 6

Transaction ID: H460313.E2164

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.31

7.41

8.72

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00

0.00

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 51 / 53  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A. Full Name (Last, First, Middle Initial)**  
 Hilton Hotel

Mailing Address

1001 16th St NW

City

State

Zip Code

Washington

DC

20036-5701

Purpose of Disbursement:  
 ITEMIZE TRAVEL

Category/  
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

62.10

Activity or Event Identifier:  
 ADMINISTRATION B 4

**[MEMO ITEM]** ITEMIZE TRAVEL

Date  M  M /  D  D /  Y  Y  Y  Y  
 0 2 / 0 7 / 2 0 0 6

Transaction ID: H460313.E2163

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

9.32

52.78

62.10

**B. Full Name (Last, First, Middle Initial)**  
 Ralph T Hudson

Mailing Address

2004 Camino Real

City

State

Zip Code

Springdale

AR

72762-2122

Purpose of Disbursement:  
 FOOD REIMBURSEMENT

Category/  
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

10.02

Activity or Event Identifier:  
 ADMINISTRATION B 4

**[MEMO ITEM]** FOOD REIMBURSEMENT

Date  M  M /  D  D /  Y  Y  Y  Y  
 0 2 / 0 7 / 2 0 0 6

Transaction ID: H460313.E2162

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1.50

8.52

10.02

**C. Full Name (Last, First, Middle Initial)**  
 Ralph T Hudson

Mailing Address

2004 Camino Real

City

State

Zip Code

Springdale

AR

72762-2122

Purpose of Disbursement:  
 MILEAGE REIMBURSEMENT

Category/  
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

203.93

Activity or Event Identifier:  
 ADMINISTRATION B 4

**[MEMO ITEM]** MILEAGE REIMBURSEMENT

Date  M  M /  D  D /  Y  Y  Y  Y  
 0 2 / 0 7 / 2 0 0 6

Transaction ID: H460313.E2159

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

30.59

173.34

203.93

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

0.00

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Arkansas

**A.** Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address

4116 N College Ave

City

State

Zip Code

Fayetteville

AR

72703-5120

Purpose of Disbursement:

ITEMIZE OFFICE SUPPLIES

Category/  
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

24.48

Activity or Event Identifier:

ADMINISTRATION B 4

**[MEMO ITEM]** ITEMIZE OFFICE SUPPLIES

Date

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 0 6

Transaction ID: H460313.E2161

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

3.67

20.81

24.48

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

0.00

0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

732.30

4149.70

4882.00

Form/Schedule: **F3XN**

Transaction ID: **C00084954**

SCHEDULE A ITEMIZED RECEIPTS LINE 11a: On February 23, 2006 the Committee received a contribution for \$25,000.-00 from Robert Murphy. Mr. Murphy requested that the contribution be allocated \$10,000.00 for federal and \$15,-000.00 for state. On March 14, 2006 the Committee transferred \$15,000.00 to our state account. SCHEDULE A ITEMIZED RECEIPTS LINE 15: On February 15, 2006 the Committee voided a lost check payable to Delta Trust and Bank in the amount of \$5,098.32 for payroll taxes.